

Shelby Center Hospital for Animals
6923 Stage Road Memphis, TN 38133 (901) 372-2215

SURGERY/DENTISTRY CONSENT FORM

Owner's Name _____ Pet's Name _____

Anesthetic/Surgical Procedures to be performed: _____

Pre-anesthetic Blood Screening: Pre-surgical blood work will enable us to assess and minimize the risk of anesthesia for your pet. We recommend different levels based on your pet's age, breed, and medical history.

Level I \$47.75 Level II \$71.75 Level III \$99.75 Decline

Intravenous Fluid Administration: An IV catheter is placed in every patient to provide us with easy access to the blood stream not only in case a critical situation arises, but to administer medications and fluids. The benefits of IV fluids include hydration of a fasted animal, maintenance of blood pressure while sedated, maintenance of normal body temperature, and continuous rate of infusion of pain medication. This service is provided to you at a discount with your pet's surgery for \$46.21.

Accept IV fluids Decline IV fluids

Authorization:

I authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery, and the nature and risks of this procedure have been explained to me. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support staff will be employed as necessary, according to the veterinarian. While SCHA provides the highest quality of care, I understand that there are rare complications associated with anesthesia and/or surgery. No warranty or guarantee has been given to me as to the results or cure afforded by these procedures. In the rare event that complications do arise, and we are unable to reach you, what are your wishes?

Perform procedures deemed necessary by the doctor for the best interest of my pet, including additional diagnostic, treatment or surgical procedures.*

Perform only life-saving measures beyond outlined procedures.*

Perform only the procedure(s) outlined.

* Additional charges may be incurred.

**I understand that there is an additional charge of up to \$50 for a spay if my pet is "in heat" or pregnant.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM

Owner/Agent Signature _____ Date _____ Asst. Initials: _____

Phone numbers where I may be reached today: 1. _____ 2. _____

SURGERY/ANESTHESIA ADDITIONAL INFORMATION:

Patient History:

Has your pet eaten anything in the last 12 hours?

2. Has your pet taken any medications in the last 72 hours? If so, please list:

3. Is your pet allergic to any medications? If yes, please list:

4. Has your pet been coughing, sneezing, or wheezing?

5. Has there been any change in your pet's condition since he/she was last examined by a doctor?

Spay Only:

6. When was the last time your pet was in heat or bred?

OTHER SERVICES DESIRED WHILE PATIENT IS SEDATED:

Acupuncture (\$45): Greatly enhances pain control and provides for post-op relaxation and calming.

Micro-chipping (\$40): A small identifying computer chip is placed under the skin between the shoulder blades to help locate your pet if lost.

Remove Deciduous Canine Tooth (\$20 each)

Nail Trim (N/C)

Ear Cleaning and Pull Ear Hair (\$10)

Express Anal Glands (\$10)

Other:

Owner/Agent Signature _____ **Date** _____ **Tech Initials:** _____